



**Healthy Children
Learn Better**

**Nurse's Daily Summary of
Health Services Encounters Report
January 28 – February 8, 2008**

Nurse:

Date:

School:

Phone:

Data should reflect the survey period from January 28, 2008 through February 8, 2008. Please complete a separate Health Services Encounters Report form for each school that you serve. Please submit this report to the designated person within your school district by February 18, 2008.

For the purposes of this report the following definitions should be used for defining elementary, middle, high, and other school types:

- Elementary: Grades include *only* K, 1, 2, 3, 4, or 5 *OR* a combination of the following grades *with no other grades included* – K, 1, 2, 3, 4, 5, or 6.
- Middle: Grades include *only* 6, 7, or 8 *OR* a combination of the following grades *with no other grades included* – 5, 6, 7, 8, or 9.
- High: Grades include *only* 9, 10, 11, 12 or a combination of the following grades *with no other grades included* – 8, 9, 10, 11, or 12.
- Other: Any combination of grades not specified above.

1. For the school noted above, sum the totals from the Nurse's Daily Summary of Health Services Encounters forms for each data element in the chart below. Write the sum totals in the chart under the appropriate column.

Data Element	Elementary	Middle	High	Other	TOTAL
Student Encounters					
Medications					
Illness Treatments					
Injury Treatments					
Student Health Counseling					
Parent/Teachers Communication					
Students Returned to Class					
Students Sent Home					
Staff Encounters					

2. For the school noted above, sum the totals from the Nurse's Daily Summary of Health Services Encounters forms for each special procedure that was provided by you or a UAP under your guidance. Write the sum totals in the chart under the appropriate column. If you provided a special procedure that is not already listed, add the procedure to the chart in one of the blank spaces.

Special Procedure	Elementary	Middle	High	Other	TOTAL
Catheterization					
Tracheostomy Care					
Suctioning					
Diabetes Monitoring					
Tube Feeding					

3. For the school noted above, what is the total amount of time that you spent documenting or billing for services during the survey period? _____ hours _____ minutes

Thank you for completing this report!